

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JH		
O.I.P.E. CLASSIFIER	DS	32	6/29/01
FORMALITY REVIEW	MD	579	6/29/01
RESPONSE FORMALITY REVIEW	SEP	1091	8-17-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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14 5  
 6-29-01  
 ACB  
 10/10/01